

PATENT PROSECUTION RECEIPT OF FILING

139887

Venable Filing Number

Atty. Docket No: 42989-199768

Title of Application: **METHOD AND APPARATUS FOR TRIMMING HAIR**

Application No: 10/815,941

Patent No.:

Attorney/LAA: RPA:cja

PTO Due Date:

Current Date: May 22, 2007

Filing Date: April 2, 2004

Issue Date:

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

- ☒ Transmittal Form SB-21
- ☒ Fee Transmittal Form SB-17
- ____ New U.S. Patent Application
- ____ (____ pages of specification/claims)
- ____ Rule 53(d) Continued Prosecution Application
- ____ Rule 53(b) Continuation or Divisional Application
- ____ (attach copy of specification, claims, drawings and declaration)
- ____ U.S. National Stage Application of PCT Application
- ____ Request for Continued Examination (RCE) under 37 CFR 1.114
- ____ Application Data Sheet
- ____ Substitute Specification
- ____ Priority Document-Cert. Copy of
- ____ Appln.#: _____; Country: _____; Date Filed: _____
- ____ Formal Drawings (____ sheets, Figs.)
- ____ Inventor Declaration
- ____ Assignment w/Cover Sheet
- ____ Response to Notice to File Missing Parts
- ____ Response to Notice to File Missing Requirements
- ____ Response to Requirement
- ____ Information Disclosure Statement with cited references
- ____ Response
- ☒ Amendment and Reply
- ☒ Amendment Transmittal Form
- ☒ Yellow filing receipt
- ____ Petition to Revoke
- ____ Notice of Appeal
- ____ Appeal Brief (in triplicate) / Reply Brief (in triplicate)
- ____ Request for Oral Hearing
- ____ Confirmation of Hearing Petition
- ____ Issue Fee Transmittal
- ____ Certificate of Correction
- ____ Maintenance Fee Transmittal
- ____ Status Inquiry
- ____ Other: (Please describe below)

- ____ Filing Fee
- ____ Search Fee
- ____ Examination Fee
- ____ Additional Claim Fee
- ____ Extension Fee
- ____ IDS Fee
- ____ Recordation Fee
- ____ Notice of Appeal Fee
- ____ Brief on Appeal
- ____ Oral Hearing Request Fee
- ____ Petition Fee
- ____ Issue Fee
- ____ Publication Fee
- ____ Other Fees (Describe)
- ____
- ____
- 0.00 Total Fees Paid

Charge the above fees as follows:

- ☐ USPTO Deposit Account No. 22-0261
- ☐ USPTO Deposit Account No. _____
- ☒ USPTO not to charge any Deposit Account

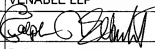
5/22/07

Reviewed By: 
Signature of Attorney

Date

| | | |
|--|-------------------------------|------------------------|
| TRANSMITTAL FORM | Application Number | 10/815,941-Conf. #8948 |
| | Filing Date | April 2, 2004 |
| | First Named Inventor | Joseph K. Haley |
| | Art Unit | 2683 |
| | Examiner Name | K. M. Doan |
| (to be used for all correspondence after initial filing) | Attorney Docket Number | 42989-199768 |
| Total Number of Pages in This Submission | | |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Amendment and Reply <input checked="" type="checkbox"/> Amendment Transmittal <input checked="" type="checkbox"/> Yellow filing receipt <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|-----------------|--------|
| Firm Name | VENABLE LLP | | |
| Signature |  | | |
| Printed name | Ralph P. Albrecht | | |
| Date | May 22, 2007 | Reg. No. | 43,466 |

| | | | |
|--|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3> | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/815,941-Conf. #8948 |
| | | Filing Date | April 2, 2004 |
| | | First Named Inventor | Joseph K. Haley |
| | | Examiner Name | K. M. Doan |
| | | Art Unit | 2683 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 0.00 |
| | | Attorney Docket No. | 42989-199768 |

| METHOD OF PAYMENT (check all that apply) | |
|---|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u> | For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments |

| FEE CALCULATION | | | | | | | |
|---|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

| 2. EXCESS CLAIM FEES | | Small Entity |
|--|----------|--------------|
| Fee Description | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|---------------------------|----------|---------------|
| HP = highest number of total claims paid for, if greater than 20. - 20 = _____ x _____ = _____ | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3. | | | | | | |

| 3. APPLICATION SIZE FEE | | | |
|---|--------------|--|----------|
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) |
| - 100 = _____ | /50 = _____ | (round up to a whole number) x _____ | = _____ |

| 4. OTHER FEE(S) | | Fees Paid (\$) |
|---|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | | |
| Other (e.g., late filing surcharge): _____ | | |

| SUBMITTED BY | | | |
|---|--------------------------------------|--------|-----------------------------|
| Signature | Registration No. (Attorney/Agent) | 43,466 | Telephone (703) 760-1681 |
| Name (Print/Type) Ralph P. Albrecht | Date May 22, 2007 | | |

| | | | | |
|---|------------------------------|------------------------|----------------------------|--|
| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 42989-199768 | |
| Application No. 10/815,941-Conf. #8948 | Filing Date April 2, 2004 | Examiner K. M. Doan | Art Unit 2683 | |

Applicant(s): Joseph K. Haley

Invention: **METHOD AND APPARATUS FOR TRIMMING HAIR**

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|--|----------------------------------|--------------------------------|-----------------------------|----------|------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 16 | - 20 = | 0 | x 50.00 | 0.00 |
| Independent Claims | 5 | - 5 = | 0 | x 200.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |

☒ Large Entity

☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 22-0261 as described below.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Ralph P. Albrecht
Attorney/Agent Reg. No.: 43,466

Dated: May 22, 2007

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